

GROUP NAME: Bar Association of Erie County Retirees

GROUP NUMBER: 00418167

PLAN NAME: Forever Blue 799 (PPO) Plan 34 (2020)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$25	\$30
Specialist	\$40	\$45
Radiation therapy	\$40	\$45
Emergency room (waived if admitted)	\$75	\$75
Urgent care (waived if admitted)	\$65	\$65
Ambulance	\$125	\$125
Telemedicine – Doctor on Demand®	Covered in full	Covered in full
More than 20 preventive services	In-Network	Out-of-Network
Flu shots – Part B	Covered in full	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	\$45
All other preventive screenings and tests	Covered in full	\$45
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$350 per stay	30%
Observation	\$75	\$75
Outpatient surgery – hospital	\$100	\$175
Outpatient surgery – ambulatory center	\$75	\$175
Home health care	\$10	30%
Skilled nursing facility (100 days per benefit period)	\$350 per stay	30%
Dialysis	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 for non-participating providers.
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$350 per stay	30%
Mental health (outpatient)	\$40	30%
Mental health (with psychiatrist)	\$20	30%
Alcohol substance abuse (inpatient)	\$350 per stay	30%
Alcohol substance abuse (outpatient)	20%	30%
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	\$5	\$45
X-rays	\$40	30%
Advanced radiology – MRI, MRA, PET, and CT	\$50	30%
Rehabilitation services	In-Network	Out-of-Network

Physical, occupational, and speech therapy	\$40	\$45
Chiropractor	\$20	\$45
Cardiac rehab	\$30	\$45
Vision	In-Network	Out-of-Network
Routine vision exam	\$25	20%
Medical vision exam	\$40	\$45
Allowance (lenses and frames)	\$200 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$40	\$45
Hearing aid benefit – TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental	\$200 annual allowance	
Supplies, equipment, and devices	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	30%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	30%
Diabetic supplies – Part B	Covered in full	30%
Fitness program	In-Network	Out-of-Network
SilverSneakers (“Steps” program included)®	Covered in full	
Prescription drugs – Part B	In-Network	Out-of-Network
Immunosuppressive drugs	Covered in full	Covered in full
Oral chemotherapy drugs	Covered in full	Covered in full
Physician administered injectables	Covered in full	30%
Nebulizer inhalation solution	20%	30%
Part B drugs (other)	20%	30%
Prescription drugs – Part D	In-Network	Out-of-Network
Prescription drug (Rx)	\$0/\$20/\$40/\$95/\$95	
Mail order	Tier 1 - Tier 5: 2 copays for a 90 day supply	
Shingles vaccine	Covered in full	
Coverage gap/donut hole	No coverage gap	
General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$3,400	N/A
Combined out-of-pocket maximum	\$5,100 Combined	
Prescription deductible	N/A	

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